

DEC 22 1947 91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Baptist Hospital. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... years, months or days)

3. (a) PRINT FULL NAME Alvina K. Reuter.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Herman C. Reuter. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased September 19 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 26 hr. min.

9. Birthplace St. Louis, Missouri. 10  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

MOTHER FATHER { 12. Name Frank Hohnstrater.

13. Birthplace Germany. 4  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Lewei. 7

15. Birthplace Germany. 7  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Reuter.

(b) Address 2318 N. Market St.

17. (a) Burial (b) Date thereof 11-18-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2325 St. Louis Ave.

19. (a) NOV 17 1941 (b) J. F. Rudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000  
(c) City or town St. Louis. 190  
(If outside city or town limits, write "RURAL") 620  
(d) Street No. 2318 N. Market St. 0  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15  
year 1941 hour 9:15 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Nov 7  
1941 to Nov 15 1941  
that I last saw her alive on Nov 15 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Lobar Pneumonia

Due to.....

Due to.....

Other conditions chronic myocarditis  
(Include pregnancy within 5 months of death) leukemia

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) Means of injury.....

23. Signature Devery J. Smith (M. D. or other) ms

Address 837 metropolitan Bldg Date signed 11/18/41

Dr. Dewey St. John.  
Michigan State College  
at 4:30 P.M.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John P. Braddock  
Licensed Embalmer No. 1674  
P. O. Address 2228 St. Louis Ave

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**